

# Foster Family Home - Corrective Action Report

Provider ID: 1-527252

Home Name: Marietta Faustorilla, CNA

Review ID: 1-527252-4

94-921 Kuhaulua Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/4/2019

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 2/04/2019. Corrective Action Report issued during home inspection with all items due to CTA by 2/18/2019.

6.(d)(1) - see applicable sections of the review

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - APS/CAN lapsed for CG#3: was due on/before 7/30/2017, done on 1/21/2019.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - CPR/basic first aid training lapsed for CG#2: was due on/before 2/17/2018, done on 9/15/2018.

*Angelica Galindo, RN*

Compliance Manager

*M. Sausbauer*

Primary Care Giver

*2/04/19*

Date

*2/04/19*

Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Marietta Faustalla CNA  
CCFFH Address: 92-921 Kihakula St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	Lapsed cannot be corrected	1/21/19	Home understand background check and Training requirement
41(b)(8)	CPR - First Aid for Caregiver (2) and put in home binder	9/15/18	I will use a calendar and input all due date 30 days in advance. Calendar will be check every first week of the month.

Primary Caregiver's Signature: M. Faustalla

Print Name: Marietta Faustalla Date of Signature: 3/1/19